

**State of Washington
Department of Retirement Systems**

PLAN 3 PAYMENT ADVICE

Employer Name:
Reporting Group:

Plan 3 Defined Benefit Contributions (Employer)		
Payment Number	Reporting Period or Invoice Number	Amount

Defined Benefit Total for This Page	\$
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Plan 3 Defined Contributions (Member)			
Payment Number	Reporting Period or Invoice Number	Amount	Investment Program

Defined Contribution Total for This Page	\$
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Plan 3 Total for This Page	\$
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Mail this form <i>with the payment</i> to: <div style="text-align: center;">Department of Retirement Systems PO Box 9018 Olympia WA 98507-9018</div>	<div style="background-color: #f2f2f2; text-align: center; padding: 5px;">For DRS use only</div> <div>DRS Receipt Number: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div></div>
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Using the Plan 3 Payment Advice Form

General Information

Use this form to report payments **for Plan 3 only**. Use a separate form for each reporting group. (Use DRS 733020, revised 12/98, for Plan 1 and Plan 2.)

To redistribute a previous payment, use the Credit Redistribution form. (DRS 733021, revised 12/98.)

Electronic fund transfers transmitted through HRISD and CIS are not reported on this form.

If you have any questions about completing this form, please call your account manager.

Completing the Form

Employer Name	Enter your organization's name as shown on your Statement of Account Activity.
Reporting Group	Enter your DRS Reporting Group as shown on your Statement of Account Activity, e.g., 311003. If you have payments for more than one Reporting Group, use a separate form for each.
Payment Number	Enter the number of the check, warrant, journal voucher (JV) or other payment document. A single payment document may be used for more than one invoice number. The payment document number must be listed for each applicable invoice number.
Reporting Period or Invoice Number	Enter the invoice number to which you wish to apply the payment. For transmittals, the invoice number is the transmittal reporting period month and year (051998 for May 1998). For invoices, use the unique 8-digit Invoice Number that appears on the invoice.
Defined Benefit Total	Enter the total paid for the defined benefit portion of your payment reported on this page.
Amount	Enter the amount you want applied to the invoice. For Defined Contribution payments, use the abbreviation for the appropriate Investment Program. Use "W" for Washington State Investment Board or "S" if the funds are for the Self-Directed Investment Program.
Defined Contribution Total	Enter the total paid for the defined contribution portion of your payment reported on this page.
Plan 3 Total	Enter the grand total for the Defined Benefit and the Defined Contribution payments. If you use more than one page for a single invoice or payment number, please total each page separately.

Mailing the Form

Mail this form to the address shown on the front page of this form.

Note: Use this post office box for payments and payment forms only!